Mobilization of State Forces For Prevention of Blindness

A Symposium

Supplement

The SIGHT-SAVING REVIEW, Vol. XII, No. 1, March, 1942

National Society for the
Prevention of Blindness, Inc.
1790 Broadway, New York, N. Y.

Publication 378

Price 35 cents

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Mobilization of State Forces for Prevention of Blindness*

Presiding: ROBERT T. LANSDALE
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CHAIRMAN LANSDALE: Before we start the program this morning, I want to explain our procedure. My job is that of ringmaster. As a matter of fact, I think there is some deep plot here which is responsible for my being on the platform at all. Several old friends of mine from whom I have not heard for years have written me and have rather subtly suggested they thought it was strange that I should be on a program on this subject. I think it is an attempt to educate me. So I want you to know at the outset that my job is one of steering the program, not of furnishing any expert testimony.

We are going to divide the meeting into two parts this morning. We are going to hear first from Mr. McConnell on the legislative aspects of the program. We shall give you a chance to ask questions of Mr. McConnell, then we shall adjourn briefly to give you a chance to stretch. After that we are going to trot the panel up and we are going into the second phase, which will be a discussion of what happens after the legislation is on the statute books.

We shall hear first from official agencies what they are actually doing under some of the statutes which Mr. McConnell has discussed. Then we shall hear from several representatives of the voluntary agency on what the job of the private agency in the field of prevention of blindness is. You people come right into the panel session, too. The only reason a lot of you are not up here is that we can have only a limited number in the panel. You are all a part of the meeting and we expect you to participate.

Our first speaker and our only formal speaker is Mr. John W. McConnell—and he prefers to be called "Mister"—Assistant Professor of Sociology, Department of Political Science and Sociology, New York University. Mr. McConnell, I am told, is a recent re-

* Presented at the Annual Conference of the National Society for the Prevention of Blindness, New York, N. Y., December 4, 1941.

cruit or volunteer in the field of prevention of blindness, but his interest in the subject goes back to his own undergraduate days in the American University in Egypt. Mr. McConnell himself has, as most of you know, been carrying on considerable research, particularly in legislative and administrative phases of the official programs for the prevention of blindness. He is opening our program this morning with a discussion of a nation-wide picture of where we stand in our legislation in this field at the present time.

State Authorizations for a Prevention of Blindness Program

John W. McConnell
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UNTIL very recently in our nation's history the relation of government to personal and social maladjustment was primarily negative, that is, public authority was called upon to act only as a last resort. For example, the government was empowered to deal with lawbreakers and delinquents only after anti-social acts had been committed; or, in social welfare, not so long ago, public action was possible in most communities only when a person was utterly destitute. The growing conviction that many of our personal and social difficulties are preventable, and the rather logical observation that it is foolish to wait until the horse is stolen before locking the stable door, have gradually pushed public policy to a point where positive preventive action is expected. To a large extent the federal and state governments in the last decade have accepted this view of the governmental function.

The change in government policy from patch-up to prevention is a major advance. There is still the need to adapt the structure of government itself to the demands of the new policy. One does not expect bureaus or agencies designed to assist the maladjusted to do a great deal in removing the specific causes of the maladjustment. Machinery designed for repairing either things or people is not likely to be efficient in prevention of disorders.

To prevent personal and social maladjustment it is necessary to attack these problems at their source. But anyone who has worked in the field of public health or social welfare knows that the causes of social and personal problems are legion. Consequently no single approach is adequate. The attack must come from all sides; a variety of weapons must be used. In the light of these facts the need for flexible, co-ordinated governmental activity becomes more obvious and more pressing than ever before. New governmental

machinery must be devised; new authorizations of power are necessary.

However, in securing the new authorizations we must realize that the process of change in our government is not the destructive revolutionary type whereby old forms are ruthlessly torn down, and new institutions forcefully introduced; a more moderate program of change is wisely followed. Change of the slower type requires that we begin where we are with the government agencies and government structures now in existence, and by easy stages adapt them to the needs of the policy of prevention.

These introductory remarks have been very general, but they have direct bearing upon the remaining discussion. From the early part of the nineteenth century until recently the major concern of the state with regard to blindness has been the support and education of persons who were blind. Later, as specific causes of blindness became known, attempts have been made to control these causes and thus prevent blindness. Acting on their own initiative or by specific legislative authorization and with little co-ordination of their activity, departments of health, education, labor and industry, public welfare, and commissions for the blind experimented with programs for the prevention of blindness. Many of the activities carried on as prevention should never have been classified under that title. Yet with all the possible criticisms, and there are many, some states have developed creditable prevention programs. It is time, however, that the increased knowledge of causes, the improved techniques of research and education, and the new faith in prevention should be put to more efficient use through co-ordinated activity. To secure this desirable result new or greatly modified governmental structure may be required, and new legislation, allowing more elbow-room, found necessary.

The purpose of this paper is to bring together and describe the laws already in existence which directly concern or may be applied to the prevention of blindness. In order not to burden you with an excess of statistical or legal data much of the material of that character has been incorporated into tables and summaries which follow this paper. Since the original presentation of this paper the tables and summaries have been carefully checked through correspondence with the appropriate heads of departments in all of the

48 states and the District of Columbia, who were asked to check the original summary of laws, making additions or corrections and citing laws supporting suggested changes. The interest shown and care taken with corrections were indeed appreciated. The tables include a tabulation of all states now having specific legislation related to the prevention of blindness, and a document embodying actual laws which typify the laws generally in operation.

For those who are attempting to map a new course in the prevention of blindness there is no knowledge more important than the knowledge of the terrain to be crossed and the obstacles to be dealt with. Adequate provision for the discovery of eye defects and the facts relative to the causes of blindness is a prerequisite to an effective prevention of blindness program. Unless one knows these facts it is literally a case of "the blind leading the blind."

Since vision may become defective at any period in life, it is necessary to have some means of finding cases of defective vision among people of all ages. Reporting of ophthalmia neonatorum is required in all states, and vision testing of school children is now part of the prevention legislation in 42 states. Since the introduction of the aid-to-the-needy-blind programs in most states through the Social Security Act, serious eye defects come to the attention of the public authorities. Compulsory reporting of all cases of congenital eye defects in newborn infants, and all cases of industrial injuries, also spreads the net farther and narrows the mesh so that fewer cases of eye troubles escape notice. There are still great gaps in the case finding provisions of even the most advanced states. Authorizations for examination of preschool children and post-school adults seem to be necessary, but no state has solved this problem. However, authorizations for such examinations are frequently found in general discretionary powers granted to administrators. For example, in 31 states juvenile court judges, as part of their fact-finding powers, can require health officials to conduct physical examinations of all delinquent or dependent young persons appearing before the court, and in issuing work permits, education officials may require physical examinations. Hence, a great deal can be done by presenting pertinent material to officials in charge of such programs.

Some state laws stipulate that all such examinations should be

made wherever possible by a licensed physician specializing in eye care or that vision testing be done by persons with some training in the proper technique. The desirability of such provision needs no proof. Generally speaking, most of the laws authorizing examinations fail in not requiring the examinations to be followed by some means of providing treatment or of requiring that it be obtained. Since many public bodies are engaged in case finding and fact finding, there is need to authorize some one agency to collect and classify such data, keeping an accurate register of the blind and of the visually handicapped who are not blind, and information as to the causes of blindness. Although responsibility for registration of the blind and studies of causes of blindness is delegated to Commissions for the Blind or Departments of Social Welfare, few state departments are equipped to do an adequate job. Most state laws provide for the gathering of statistics and the study of causes of dependency. This power might be utilized for studies of defective vision.

Our knowledge of the causes of blindness is still fragmentary, yet of one thing we can be certain: a large proportion of all blindness is caused by communicable diseases and accidents. The prevention of blindness looks forward to the control and the eventual elimination of these causes, but legal authorization for positive action is in many instances not available. Thirty-seven states distribute free (through the Department of Health), and 47 require the use of, a prophylactic in the eyes of infants to prevent ophthalmia neonatorum. To check on compliance with this law attendants at birth are obliged to report the use of, or failure to use, the prophylactic on the birth certificate. It is important that public health authorities be able to investigate cases and take such measures for treatment as seem necessary. This is especially important with regard to services for families financially unable to provide care.

The nation is growing more conscious of the need to control venereal disease, especially syphilis. This has direct bearing upon the prevention of blindness, since it is estimated that 13 per cent of all blindness is traceable to this cause. Recent educational programs and the extension of diagnostic and treatment services made possible through the Federal Venereal Disease Control Act have pushed ahead the control of these diseases among the general public

Thirty-three states have compulsory blood tests for syphilis prior to marriage, while 25 require prenatal tests for this disease. All but two states also *allow* for compulsory testing of any person suspected of having a syphilitic infection, and for compulsory examination of all persons entering a correctional institution. The final analysis of blood samples is such an important aspect of the testing that states requiring tests usually provide their own or approved laboratories. Treatment for communicable cases can be made compulsory only where free or subsidized treatment clinics and free drugs are available to those infected. Without them cost would be prohibitive and the enforcement of treatment almost impossible.

Control of other communicable diseases, as one would expect, rests primarily with the units of local government, but increasingly state laws require that all cases of communicable disease be reported to the state department of health, and ample discretionary power is granted to the state officials to investigate cases, require quarantine, and to take other special precautionary measures as they see fit. Too often local authorities withhold information on the prevalence of communicable disease because of some economic or social interest, such as the tourist trade, or because of fear of loss of local prestige. This can be prevented only by adequate state laws.

The frequency of industrial and non-industrial accidents has caused all states to take some measures to prevent accidents and their harmful effects. One of the most progressive pieces of legislation is the legal requirement that eye safety equipment be provided in specified occupations as found in the National Safety Code. There are other more general accident laws which a prevention of blindness program might find of value. In 24 states there is a statutory requirement that employers must furnish employment that is reasonably safe. In most states there are common law provisions which might be assumed to include this requirement. These laws are, of course, subject to interpretation by administrators and courts. But it is just at this point that educational work can be most effective. The education of a high administrator may bring to a prevention program the full weight of the administrator's discretionary power. He may be already quite willing to help, but he

may need to be shown how. Rules and regulations concerning conditions of employment are meaningless, however, unless adequate and forceful inspection is available to support the law. Feeble enforcement, not lack of laws, is frequently the cause of an unsafe shop or factory.

Outside of industry also laws have been used to promote safe living. Thirty-nine states now require that safety glass be used in all public conveyances; usually the requirement includes all passenger vehicles as well. Fireworks are now banned in 21 states except for use on public occasions, when a permit may be issued to adults, and in 41 states the use of firearms and dangerous toys by minors is controlled either by licensing, restriction on use, or actual prohibition.

Another point at which adequate state legislation may promote eye safety is by requiring the proper labelling, and restricting the sale, of drugs and cosmetics which may have a destructive effect upon eye tissue. Federal legislation has gone a long way in controlling the distribution and sale of drugs and cosmetics in interstate commerce, but state laws are necessary to regulate the manufacture of these products, their intrastate shipment and their ultimate sale to the consumer. Good legislation will require proper warnings on all substances where the actual effect may be harmful. In 43 states the sale of harmful drugs and cosmetics is prohibited or controlled, and 37 states make compulsory the labelling of harmful drugs and cosmetics. Chemicals, such as explosives or acids, will be required to carry warnings, directions for use, and a statement of antidotes. This latter legislation exists now in 34 states.

There are numerous measures of a more general nature aiding in the prevention of blindness which one finds in progressive states. Minimum lighting standards are established for schools in 17 states, in factories and public buildings in 24 states. Control is also made possible by giving a state sanitary and health engineer or state superintendent of education veto power over plans for these structures unless they conform to the established standards.

All states have established rules for the education and licensing of private practitioners treating the eyes. When people become eye conscious, their first move, frequently, is to consult the nearest person who advertises examination and treatment of the eyes or

fitting of eye appliances. Obviously it is necessary for the state to assure its inhabitants that when citizens appear for examination in a public agency, or visit a practitioner, they are dealing with men qualified to do their work. Laws in 29 states are quite specific in their restrictions upon advertising of services for the eyes, upon the training of persons who work on and sell eye appliances, and upon the description of unethical practices. In addition to this type of control, laws concerning aid-to-the-needy-blind and crippled children's services require that eye examinations be conducted by ophthalmologists who will likewise prescribe the necessary medical or surgical care. Consulting or supervising ophthalmologists are now provided in 13 states in laws authorizing state services for the blind and those with defective vision.

When all measures for prevention have failed, and one faces the need of "doing something" about his eyes, what state facilities are at his disposal? One of the most important authorizations of service is found in the aid-to-the-needy-blind program by which those whose vision may be restored by medical or surgical care will be offered the necessary services. They may be provided through the medical school of the state university or by private ophthalmologists. Ten states make the grant of financial aid contingent upon the willingness of the applicant to accept medical care if there is a chance of restoring sight. The wisdom of such a requirement is questionable and enlightened authorities seem to prefer the permissive rather than the mandatory law. The specific financial arrangements in regard to medical care under the aid-to-the-needy-blind program vary greatly from state to state. Some provide either medical care or financial assistance—not both; some grant temporary financial aid pending the outcome of medical treatment; some provide transportation costs to and from the point where medical care is offered; some offer these facilities whether or not the person is blind under the definition of the act and regardless of whether he is financially destitute or merely unable to pay for the services. The latter feature is, of course, the most liberal type of legislation. Acceptance of elderly blind applicants in the aid-to-needy-blind category rather than old-age assistance automatically extends the eye care service to him and, as an administrative policy, can be generally recommended.

Relief legislation of the state, which in general sets the limits to the activity of the local community in this matter, requires that the local government provide necessary medical care for indigent persons. The meager funds available for relief, and judicial interpretation of the meaning of "necessary medical care," usually prevent the extension of this obligation to care of the eyes. However, here again is an enabling clause already at hand which might be turned to advantage if state and local officials were favorably inclined to a prevention of blindness program. In this connection it is well to note that state relief laws may be interpreted so as to include medical care for the medically indigent as well as those dependent upon relief for support. A number of other services offered in most states may indirectly provide for care of the eyes. Aid-to-crippled-children is usually interpreted to include surgical treatment of congenital cataract—it may be extended to include other medical service to the eyes; a few states even provide glasses under this law. In connection with industrial accidents, workmen's compensation laws require employers to provide medical care for injured employees. This, of course, includes care of the eyes, but the statutory limits to such care are so narrow as to prevent in some instances the needed treatment.

These laws are valuable in the special field they are designed to cover, but as yet no state has a comprehensive law enabling state authorities to furnish eye care and appliances to all who need them.

In addition to the need for medical services to restore sight there is an equally great need for special services to conserve vision—if the program of prevention is to be a well-rounded one. Laws of 30 states authorize school districts to establish sight-saving classes (usually expressed as classes for handicapped children who cannot profit by the normal classroom procedure) when eight or more parents petition for such classes. To make this program financially possible the state pays for the added expense of such instruction, including the cost of special teachers and materials. Where numbers in a school district are too few to warrant the maintaining of a separate class, laws in 17 states authorize the co-operation of two or more school districts, the state providing funds for transportation. Where co-operation of school districts fails to make the classes possible a few states provide for special tutors and materials for individual instruction. (Now in practice in 15 states.)

Where defective vision has reached the point that pursuit of the normal occupation is no longer possible, 48 states in co-operation with the federal vocational training and rehabilitation program may make an effort to re-establish the work fitness of the handicapped, and try to place them. Some workmen's compensation laws insist upon the retraining of the injured employee. Merely by the process of revising definitions of eligibility, this service is in some states made available also to graduates of sight-saving classes.

The specific features of the state legislation outlined above bring into play from 10 to 20 different state and local agencies. I need not name them. To get the maximum efficiency out of such a program co-ordination and co-operation among the agencies would seem to be essential. To a certain extent isolated or competitive effort may accomplish real good, and there is no power to compel co-operation of agencies which act on specific grants of authority by the legislature with appropriations to put the law into effect. Every penny of appropriation, and every minute of a public servant's time, is vital to a prevention of blindness program. Consequently, efforts which through lack of co-ordination are wasted or ineffectual, should be planned more carefully. But how? In the state legislation establishing the aid-to-the-needy-blind program one will usually find powers granted to the head of the department of social welfare to delegate authority or create a bureau to assume responsibility for the prevention of blindness.

Does this mean that the new bureau now takes over the work formerly done under this head by other agencies, or that other agencies are now relieved of the prevention work they were doing? Not at all. It merely means that the bureau may initiate and cooperate with other government agencies in a prevention of blindness program. Its real responsibility is to endeavor to get officials in public health, industrial safety, motor vehicles, public welfare and education to think beyond their own specific problems as to how, on a co-operative basis, a comprehensive prevention of blindness program can be better achieved with the present machinery. Some states have found it desirable to create an interdepartmental committee under a chairman appointed by the governor to deal with the prevention of blindness. The members of the committee are usually the heads of the departments, but better results have

been obtained if the membership is made up of those in each department who are seriously and practically concerned with some aspect of preventive work. The federal government has in recent years found co-ordinating and interdepartmental committees indispensable to both peacetime and wartime activities. It is generally agreed that the more positive policy of government (as opposed to its purely regulatory functions) will make co-ordinating agencies a permanent aspect of government.

While it has been suggested that a great deal more can be done with the more efficient use of resources at hand, this does not preclude efforts to increase the personnel and appropriations for education and supervisory work. Some states grant funds for prevention work, but too many of them expect inadequate departmental budgets to bear the added cost of new activity.

Only passing mention can be made in a paper of this type of the part which voluntary agencies can play in the state program. It should be recognized that they are contributing greatly by stimulating public action, by pioneering and demonstrating new methods, by building up public opinion in support of all features of the program, and by vigilance on the enforcement of laws.

To conclude, may I summarize briefly the main points of this paper. First, adequate authorization for prevention of blindness work may already exist in statutes or discretionary powers granted to administrators. It is necessary to keep the administrator informed of needs and the possibilities of his office, if the authorization is to have any value. Second, an inconceivable amount of prevention work is already being done by a score of government agencies, but these efforts lose much of their potential power by being poorly integrated. Third, positive governmental action of the future will require certain structural changes in government. This should not cause fear or insecurity since government service seems to be an expanding rather than a contracting field of action. Finally, the truly great need at the moment is for a willingness on the part of government officials to see the problem of prevention of blindness as a comprehensive program, and not merely as a special phase of the work of some one governmental bureau or bureaus; as a program in which all can co-operate, and not one in which personal or professional interest must be safeguarded.

APPENDIX A

SUMMARY OF STATE LEGISLATION RELATED TO PREVENTION OF BLINDNESS AND CONSERVATION OF VISION ø

Type of legislation	*List of states having specified legislation øø*
A. Case Finding and Fact Finding	
1. *Specifically related to eyes*	
a. Compulsory reporting of ophthalmia neonatorum	ALL STATES (Following state laws have only limited coverage: Ark., Colo., Ind., Ia., Kans., Me., Md., Mich., N. D., Tex., Wis.) H (49)
b. Compulsory reporting of trachoma	Ala., Ariz., Ark., Cal., Colo., Conn., D. C., Fla., Ga., Id., Ind., Ill., Ia., Kans., Ky., La., Me., Md., Mass., Mich., Minn., Miss., Mo., Mont., Nev., N. J., N. M., N. C., N. D., O., Okla., Ore., Pa., S. D., Tenn., Tex., Ut., Va., Wash., W. Va., Wis., Wyo. H (42)
c. Required eye examination of applicants for aid-to-needy-blind	Ala., Ariz., Ark., Cal., Colo., Conn., D. C.,* Fla., Ga., Id.,* Ill.,* Ind., Ia., Kans., Ky.,* La., Me., Mass.,* Mich., Minn., Miss., Mo., Mont., Nev.,* N. H., N. M., N. Y., N. C., N. D., O., Ore., Okla., Pa., R. I., S. C.,* Tenn., Tex., Ut., Vt.,* Va., Wash., W. Va.,* Wyo. W (43)
d. Required eye examination of applicants for special education of blind	Cal., Mich., Minn., Mo., N. Y., Ore., Pa., Tex. SB (8)
e. Required eye examination of applicants for special education of partially seeing	Cal., Fla., Ind., Mich., Minn., Ore., Pa. E (7)
f. Assignment of responsibility for maintaining state register of the blind	Colo., Fla., Id., Ind., Me., Mass., Minn., Miss., Mo., Mont., N. H., N. J., N. Y., N. C., O., Pa., R. I., S. C., Tenn., Tex., Ut., Va., Wis. CB or W (23)
g. Assignment of responsibility for studies of causes of blindness	Colo., Fla., Id., Minn., Mo., N. H., N. J.,* N. Y., N. C., N. D., O., Pa., S. C., Vt., Va., Wash. CB or W (16)

For notes, see page 27.

SUMMARY OF STATE LEGISLATION RELATED TO PREVENTION OF BLINDNESS AND CONSERVATION OF VISION ø—(*Continued*)

Type of legislation	*List of states having specified legislation øø*
A. Case Finding and Fact Finding —(*Continued*) 2. *General, presumably including eye* a. Reporting of congenital defects	Ariz., Cal., Colo., Conn., D. C., Ga., Ind., Kans., Ky., La., Me., Mich., Mo., Mont., Neb., Nev., N. J., N. M., N. Y., N. D., R. I., S. D., Tex., Ut., Vt., W. Va., Wis., Wyo. H (28)
b. Reporting of handicapped (or "crippled") children	Ala., Ariz., Ark., Cal., Colo., Conn., Del., D. C., Fla., Ga., Id., Ill., Ind., Ia., Kans., Ky., Me., Md., Mass., Mich., Minn., Miss., Mo., Mont., Neb., Nev., N. H., N. J., N. M., N. Y., N. C., N. D., O., Okla., Ore., Pa., R. I., S. C., S. D., Tenn., Tex., Ut., Vt., Va., Wash., W. Va., Wis., Wyo. H or E (48)
c. Reporting of industrial injuries	Ala.,* Ariz., Ark., Cal., Colo., Conn., Del., D. C., Fla., Ga.,* Id., Ill.,* Ind., Ia., Kans., Ky.,* Me.,* Md.,* Mass., Mich., Minn., Mo.,* Mont., Neb.,* Nev.,* N. J.,* N. M., N. Y., N. C., N. D., O., Okla., Ore., Pa.,* R. I.,* S. C.,* S. D., Tenn.,* Tex.,* Ut., Vt.,* Va., Wash., W. Va., Wis., Wyo. I (46)
d. Routine inspection of school children to discover defects	Ala., Ariz., Ark., Cal., Colo., Conn., Del., D. C., Fla., Ga., Ind., Kans., Ky., La., Me., Md., Mass., Minn., Miss., Mo., Mont., Neb., Nev., N. H., N. J., N. M., N. Y., N. C., N. D., O., Ore., Pa., R. I., S. C., S. D., Tex., Ut., Vt., Va., Wash., W. Va., Wyo. H or E (42)
e. Permissive physical examinations of juvenile delinquents	Ala., Ariz., D. C., Fla., Ga., Ill., Ind., Ia., Kans., Me., Md., Mass., Mich., Minn., Neb., Nev., N. H., N. J., N. M., N. Y., N. C., N. D.,* O., Okla., Ore., Pa., S. C., Vt., W. Va., Wis., Wyo. W (31)

For notes, see page 27.

SUMMARY OF STATE LEGISLATION RELATED TO PREVENTION OF BLINDNESS AND CONSERVATION OF VISION ϕ—(*Continued*)

Type of legislation	*List of states having specified legislation ϕϕ*
A. Case Finding and Fact Finding—(*Continued*) 2. *General, presumably including eye* f. Permissive physical examinations of child welfare clients	Ala., Ark., D. C., Fla., Ga., Ind., Ia., Me., Md., Mass., Mich., Minn., Neb., Nev., N. H., N. J., N. M., N. Y., N. C., N. D.,* O., Ore., Pa., S. C., Vt., W. Va., Wis., Wyo. W (28)
g. Permissive physical examinations of applicants for work permits	Ala., Conn., D. C., Ind., Ia., Me., Md., Mass., Mich., Mo., Neb., N. H., N. Y., N. C., Tex., Vt. E (16)
B. Protection of Sight by Control of Communicable Diseases 1. *Specifically related to eyes* a. Compulsory use of prophylactic to prevent ophthalmia neonatorum	Ala., Ariz., Ark., Cal., Colo.,* Conn., Del., D. C., Fla.,* Ga., Id., Ill., Ind.,* Ia.,* Kans.,* Ky., La., Me.,* Md.,* Mass., Mich., Minn.,* Miss.,* Mo., Neb., Nev., N. H., N. J., N. M.,* N. Y., N. C., N. D.,* O., Okla.,* Ore., Pa., R. I., S. C., S. D., Tenn., Tex., Vt., Va., Wash., W. Va., Wis., Wyo.* H (47)
b. Provision for free distribution of prophylactics to prevent ophthalmia neonatorum	Ala., Ark., Cal., Colo., Conn., Del., D. C., Fla., Ga., Ill., Ia., Kans., Ky., Me., Md., Mass., Mich., Minn., Miss., Mo., Mont., N. H., N. J., N. M., N. Y., N. C., N. D., O., Okla., Pa., R. I., S. D., Tenn., Tex., Va., W. Va., Wis. H (37)
c. Compulsory reporting of use of prophylactic to prevent ophthalmia neonatorum on birth certificate	Ariz., Ark., Cal., Colo., Del., D. C., Fla., Ga., Id., Ill., Ind., Ia., Kans., Ky., La., Mich., Minn., Mo., Mont., Neb., N. J., N. M., N. Y., N. C., N. D., O., Okla., Ore., R. I., S. C., Tenn., Tex., Ut., Va., W. Va., Wis., Wyo. H (37)

For notes, see page 27.

SUMMARY OF STATE LEGISLATION RELATED TO PREVENTION OF BLINDNESS AND CONSERVATION OF VISION ϕ—(*Continued*)

Type of legislation	*List of states having specified legislation ϕϕ*
B. Protection of Sight by Control of Communicable Diseases—(*Continued*)	
1. *Specifically related to eyes*	
d. Compulsory investigation of ophthalmia neonatorum cases by health authorities	Ala., Ark., Conn., Del., D. C., Ill., Ind., Kans., Ky., Md., Mass., Minn., Nev., N. M., N. Y., N. D., O., Okla., Pa., R. I., Tenn., Ut., Va., Wash., Wis.* H (25)
e. Provision for medical care of indigent ophthalmia neonatorum cases	Conn., D. C., Id., Ind., Ia.,* Kans., Ky., Md., Mass., Minn., N. H., N. J., N. Y., N. C., O., Okla., Pa., R. I., S. C., S. D., Ut., Va., Wash., W. Va., Wis. H (25)
2. *General, presumably including eye*	
a. Compulsory reporting communicable diseases	ALL STATES H (49)
b. Compulsory quarantine communicable diseases	Ala., Ariz., Ark., Cal., Colo., Conn., Del., D. C.,* Fla., Ga., Id., Ill., Ind., Ia., Kans., Ky., La., Md.,* Me., Mass., Mich., Minn., Miss., Mo., Mont., Neb., Nev., N. H., N. J., N. M., N. Y., N. C.,* N. D., O., Okla., Ore., Pa., R. I., S. C., S. D., Tenn., Tex., Ut., Vt., Va., W. Va., Wis., Wyo. H (48)
c. Compulsory premarital examination for syphilis	Ala.,* Cal., Colo., Conn., Del.,* Ill., Ind., Ia., Ky., La.,* Me., Mass., Mich., Neb.,* N. H., N. J., N. Y., N. C., N. D., O., Okla.,* Ore., Pa., R. I., S. D., Tenn., Tex.,* Ut., Vt., Va., W. Va., Wis., Wyo.* H (33)
d. Compulsory to include test for syphilis in prenatal examinations	Cal., Colo., Conn., Del., Ill., Ind., Ia., Ky., La., Me., Mass., Mich., Nev., N. J., N. Y., N. C., Okla., Ore., Pa., R. I., S. D., Ut., Vt., Wash., Wyo. H (25)

For notes, see page 27.

SUMMARY OF STATE LEGISLATION RELATED TO PREVENTION OF BLINDNESS AND CONSERVATION OF VISION ϕ—(*Continued*)

Type of legislation	*List of states having specified legislation ϕϕ*
B. Protection of Sight by Control of Communicable Diseases—(*Continued*)	
2. *General, presumably including eye*	
e. Provision for examination of suspected cases of syphilis	Ala.,* Ariz., Ark., Cal., Colo., Conn., Del., D. C.,* Fla., Ga., Id., Ill., Ind., Ia., K[illegible]., La., Me., Mass.,* Mich.,* Minn., Miss., Mo., Mont., Neb., Nev., N. H., N. J., N. M., N. Y., N. C., N. D., O., Okla., Ore., Pa.,* R. I., S. C., S. D., Tenn., Tex., Ut., Vt.,* Va., Wash., W. Va., Wis., Wyo. H (47)
f. Provision for diagnostic laboratory tests for syphilis	Ala., Ariz., Cal., Colo., Conn., Del., D. C.,* Id., Ill., Ind., Ia., Ky., La., Me., Mass., Mich., Mo., Nev., N. H., N. J., N. M., N. Y., N. C., N. D., O., Okla., Ore., Pa., R. I., S. D., Tenn., Tex., Ut., Vt., Va., Wash., W. Va., Wis., Wyo. H (39)
g. Provision for free distribution of drugs and/or free treatment for syphilis	Ariz., Cal., Colo., Conn., Del., D. C., Fla., Id., Ill., Ind., Ia., Ky., Me., Mass., Mich., Miss., Mo., Mont., Nev., N. H., N. J., N. M., N. Y., N. C., N. D., O., Ore., Pa., R. I., S. C., S. D., Tenn., Tex., Ut., Vt., Wash., W. Va., Wis., Wyo. H (39)
C. Protection of Sight by Safety Measures	
1. *Specifically related to eyes*	
a. Required use of eye safety equipment (safety code for head and eyes) in specified occupations	Ariz., Ark., Cal., Conn., Del., D. C., Fla.,* Ga.,* Id., Ill., Ind., Ia., Kans., Ky., La., Me., Md., Mass., Mich., Minn., Miss., Mo., Mont., Neb., Nev., N. H., N. J., N. Y., N. C., N. D., O., Okla., Ore., Pa., R. I., Tenn., Tex., Ut., Vt., Va., Wash., W. Va., Wis. I (43)

For notes, see page 27.

SUMMARY OF STATE LEGISLATION RELATED TO PREVENTION OF BLINDNESS AND CONSERVATION OF VISION ø—(*Continued*)

Type of legislation	*List of states having specified legislation øø*
C. Protection of Sight by Safety Measures—(*Continued*) 2. *General, presumably including eye* a. Responsibility of employers to provide reasonably safe employment	Ala., Cal., Conn., Fla., Id., Ia., Ky., La., Mass., Mich., Minn., Nev., N. J., N. Y., N. D., O., Okla., Pa., R. I., S. C., Ut., Vt., Wis., Wyo. I (24)
b. Provision for safety inspection of industries	Ala., Ark., Cal., Colo., Conn., Del.,* D. C., Fla., Ga., Id., Ill., Ind., Ia., Kans., Ky., La., Me., Mass., Mich., Minn., Miss., Mo., Mont., Neb., Nev., N. H., N. J., N. M.,* N. Y., N. C., N. D., O., Okla., Ore., Pa., R. I., S. C., S. D., Tenn., Tex., Ut., Vt., Va., Wash., W. Va., Wis., Wyo. I (47)
c. Compulsory use of safety glass in vehicles: In all vehicles	Ark., Cal., Colo.,* Conn., Del., D. C., Id.,* Ill., Ind., Ia., Kans.,* La., Me., Md., Mich., Minn., Miss., Mo., Neb., N. H., N. J., N. Y., N. C., O., Pa., R. I., S. C., Ut., Vt., Va., Wash., W. Va., Wis. MV (33)
In public conveyances only	Mass., N. D., Okla., Ore.,* S. D., Tenn. MV (6)
d. Control of sale and/or use of fireworks	Ariz., Cal.,* Conn., Del., D. C., Fla., Ill.,* Ind., Ia., Ky.,* Md., Mich., Minn., N. J., N. Y., O., Pa., R. I., Ut., W. Va., Wis.* F (21)
e. Control of sale and/or use of firearms by minors	Ala., Ariz., Colo., Conn., Del., D. C., Fla., Ga., Id., Ill., Ind., Ia., Kans., Ky., Me., Mass., Mich., Minn., Mo., Mont., Nev., N. H., N. J., N. Y., N. C., N. D., O., Ore., Pa., R. I., S. C., S. D., Tenn., Tex., Ut., Vt., Va., Wash., W. Va., Wis., Wyo. P (41)

For notes, see page 27.

SUMMARY OF STATE LEGISLATION RELATED TO PREVENTION OF BLINDNESS AND CONSERVATION OF VISION ø—(*Continued*)

Type of legislation	*List of states having specified legislation øø*
C. Protection of Sight by Safety Measures—(*Continued*) 2. *General, presumably including eye* f. Prohibition and/or control of sale of harmful drugs and cosmetics	Ala.,* Ariz., Cal., Colo., Conn., D. C., Fla., Ga., Id., Ill., Ind., Ia., Kans., Ky., Me., Md., Mass., Mich., Minn., Miss., Mo., Mont., Neb., N. H., N. J., N. M., N. Y., N. C., N. D., O., Ore., Pa., S. C., S. D., Tenn., Tex., Ut., Vt., Va., Wash., W. Va., Wis., Wyo. H or A (43)
g. Compulsory labelling of harmful drugs and cosmetics	Ala.,* Ariz., Cal., Colo., Conn., D. C., Fla., Ga., Id., Ill., Ind., Ia., Kans., Ky., La., Md., Mass., Mich., Minn., Miss., Mo., Mont., N. H., N. J., N. M., N. Y., N. C., N. D., O., Ore., Pa., Tex., Ut., Vt., Wash., W. Va., Wis. H or A (37)
h. Compulsory labelling of harmful chemical substances	Ala., Ariz., Cal., Conn., Del., D. C., Id., Ill., Ia., Kans., La., Md., Mass., Mich., Miss., Mo., Mont., Nev., N. H., N. J., N. M., N. Y., N. C., N. D., O., Ore., Pa., R. I., Tex., Ut., Vt., Wash., W. Va., Wis. H or A (34)
D. General Provisions Related to Conservation of Vision a. Minimum lighting standards prescribed for schools	Conn., Fla., Ill., Ind., Mass., Miss., Mont., N. H., N. Y., N. C., N. D., O., Pa., Tex., Ut., Vt., Wis. E (17)
b. Minimum lighting standards prescribed for industry	Cal., Conn., Ill., Ind., Kans., Md., Mass., Mich., Miss., N. H., N. J., N. Y., N. C., O., Okla., Ore., Pa., R. I., Tenn., Tex.,* Ut., Vt., Wash., Wis. I (24)
c. Provision for control of school lighting through review of building plans	Conn., D. C., Fla., Ind., Ky., La., Me., Mich., Minn., Mont., Nev., N. Y., N. D., O., Pa., Tex., Ut., Vt., Wis. E or H (19)

For notes, see page 27.

SUMMARY OF STATE LEGISLATION RELATED TO PREVENTION OF BLINDNESS AND CONSERVATION OF VISION ø—(*Continued*)

Type of legislation	*List of states having specified legislation øø*
D. General Provisions Related to Conservation of Vision—(*Continued*)	
d. Licensing of physicians	ALL STATES E or L (49)
e. Licensing of optometrists	ALL STATES E or L (49)
f. Prohibition of sale or prescription of corrective appliances by unqualified persons	Ala., Ariz., Ark., Cal., Conn., Del., Fla., Ga.,* Id., Ill., Ind., Kans., La., Me., Md., Mass., Mich., Minn.,* N. J., N. Y., O., Okla., Pa., R. I., Tex., Vt., Va., Wash., Wis. E (29)
g. Provision for consultant or supervisory ophthalmological service in aid-to-needy-blind program	Ala., Ariz., Cal., Colo., Fla., Ga., Ind., Ia., Kans., N. D., Ore., Pa., Tex. W (13)
h. Prescribing qualifications of examiners under aid-to-needy-blind program	Ala., Ariz., Ark., Cal., Colo., D. C., Ga., Id., Ill., Ind., Ia., Kans.,* Ky., La., Me., Md., Minn., Mont., Neb., Nev., N. H., N. J., N. M., N. C., N. D., O., Okla., Ore., Pa., R. I., S. D., Tenn., Tex., Ut., Va., Wash., W. Va., Wis., Wyo. W (39)
E. Medical Care for Restoration of Sight or Prevention of Blindness	
1. *Specifically related to eyes*	
a. Provision for medical care to restore vision of persons eligible for aid-to-needy blind	Ala., Ariz., Ark., Cal., Colo., Fla., Ga., Id., Ind., Ia., Kans., Me., Minn., N. Y., N. C., N. D., O., Ore., Pa., R. I., S. C., Tenn., Ut., Wash., Wyo. W (25)
b. Provision for medical care to prevent blindness of any medically indigent person	Ark., Colo., Fla., Ga., Id., Ind., Ia., Kans., Ky., La., Me., Md.,* Mich., Miss., Mont., Neb., N. H., N. J., N. M., N. Y., N. C., N. D., O., Okla.,* Ore., Pa., Ut., Wash. W (28)
c. Provision for transportation costs for purposes of medical care	Ariz., Ark., Cal., Colo., Fla., Ga., Id., Ind., Ia., Ky., La., Me., Md.,* Mont., Neb., N. M., N. Y., N. D., Pa., Ut. W (20)

For notes, see page 27.

SUMMARY OF STATE LEGISLATION RELATED TO PREVENTION OF BLINDNESS AND CONSERVATION OF VISION ø—(*Continued*)

Type of legislation	*List of states having specified legislation øø*
E. Medical Care for Restoration of Sight or Prevention of Blindness—(*Continued*)	
2. *General, presumably including eye*	
a. Permissive provision for medical care in eye defects under crippled children's service	Ariz., Ark., Cal., Colo., Del., Fla., Ga., Id., Ill., Ind., Ia., Kans.,* Ky., Me., Md., Mass., Mich.,* Minn., Miss., Mo., Mont., Nev., N. H.,* N. J., N. M., N. Y., N. D., O., Okla., Ore., Pa., R. I., Ut., Vt., W. Va., Wis. W (36)
b. Required medical care for injured employees	Ala., Ariz., Ark., Cal., Colo., Conn., Del., D. C., Fla., Ga., Id., Ill., Ind., Ia., Kans., Ky., La., Me., Md., Mass., Mich., Minn., Mo., Mont., Neb., Nev., N. H., N. J., N. M., N. Y., N. C., N. D., O., Okla., Ore., Pa., R. I., S. C., S. D., Tenn., Tex., Ut., Vt., Va., Wash., W. Va., Wis., Wyo. I (48)
c. General provision for medical care at state expense or in state institutions for indigents	Ariz., Ark., Cal., Conn.,* D. C., Fla., Id., Ill., Ind.,* Ia., Kans.,* Ky.,* La., Mass., Mich., Minn., Miss., Mo., Mont., Neb., Nev., N. H., N. J., N. M., N. Y., N. C.,* N. D., O., Okla., Ore., Pa., R. I., S. D., Tenn., Tex., Ut., Va., Wash., W. Va., Wis., Wyo. W (41)
d. General provision for medical care at state expense or in state institutions for medically indigent (See also Section B on medical care in communicable diseases)	Ark., D. C., Ill., Me., Mich., Mont., N. H., N. Y., N. C., Pa., Tex., Ut., Wash., Wis. W (14)
F. Special Services for the Visually Handicapped, Not Blind	
1. *Specifically related to eyes*	NONE

For notes, see page 27.

SUMMARY OF STATE LEGISLATION RELATED TO PREVENTION OF BLINDNESS AND CONSERVATION OF VISION ø—(*Continued*)

Type of legislation	*List of states having specified legislation øø*
F. Special Services for the Visually Handicapped, Not Blind —(*Continued*)	
2. *General, presumably including eye*	
a. Authorization for establishment of special classes for education of handicapped	Cal., Colo., Conn., Del., D. C., Fla., Ill., Ind., Ky., La., Md., Mass., Mich., Minn., Mo., Neb., N. H., N. J., N. Y., N. C., O., Ore., Pa., S. C., Tenn., Ut., Va., Wash., Wis., Wyo. E (30)
b. State subsidy for special classes for education of handicapped	Cal., Colo., Conn., Del., D. C., Fla., Ill., Ind., La., Md., Mass., Mich., Minn., Mo., N. H., N. J., N. Y., N. C., O., Ore., Pa., Tenn., Wash., Wis. E (24)
c. Provision for special education of handicapped outside district of residence	Cal., Colo., Conn.,* Ill., Ind., Ky.,* La.,* Mass., Mich., Mo., N. J., N. Y., O., Ore., Pa., Ut., Wyo. E (17)
d. Provision for special educational materials and supervision for individual handicapped child where no class is available	Ariz., Cal., Colo., Fla.,* Ky.,* Mass., Mich., Mo., N. H., N. J., N. Y., Ore., Pa., Ut., Wash. E (15)
e. Provision under vocational rehabilitation program for correction of defects, training and placement	Ala., Ariz., Ark., Cal., Colo., Conn., D. C., Fla., Ga., Id., Ill., Ind., Ia., Kans., Ky., La., Me., Md., Mass., Mich., Minn., Miss., Mo., Mont., Neb., Nev., N. H., N. J., N. M., N. Y., N. C., N. D., O., Okla., Ore., Pa., R. I., S. C., S. D., Tenn., Tex., Ut., Vt., Va., Wash., W. Va., Wis., Wyo. CB, I, E or jointly (48)
f. Provision for compensation for permanent injury to employees	Ala., Ariz.,* Ark., Cal., Colo., Conn., Del., D. C., Fla., Ga., Id., Ill., Ind., Ia., Kans., Ky., Me., Md., Mass., Mich., Minn., Mo., Mont., Neb., Nev., N. H., N. J., N. M., N. Y., N. C., N. D., O., Ore., Pa., R. I., S. C., S. D., Tenn., Tex., Ut., Vt., Va., Wash., W. Va., Wis., Wyo. I (46)

For notes, see page 27.

SUMMARY OF STATE LEGISLATION RELATED TO PREVENTION OF BLINDNESS AND CONSERVATION OF VISION ø—(*Continued*)

Type of legislation	*List of states having specified legislation øø*
G. Administrative Responsibilities for State Program	
1. *Specifically related to eyes*	
a. Designation of department or sub-department to assume responsibility for prevention of blindness activities	Ala.,* Ariz., Ark., Colo., Conn.,* Del.,* Fla., Ga., Id., Ind., Ia., Kans., La., Me., Mass.,* Mich., Minn., Miss., Mo., Mont., Neb., N. H., N. J., N. M., N. Y., N. C., N. D., O., Ore., Pa., R. I., S. C., S. D., Tenn., Tex.,* Va., Wash., W. Va., Wis., Wyo. CB or W (40)
b. Authorization to co-operate with other departments in prevention of blindness program	Ark., Fla., Ga., Id., Ind., Ia., Kans., Ky., La., Me., Miss., Mo., Mont., Neb., N. H., N. M., N. Y., N. C., N. D., O., Pa., R. I., S. C., S. D., Tenn., Tex., Va., Wash., Wyo. CB or W (29)

NOTES: Figures in parentheses ( ) indicate number of states having specified legislation. Letters indicate departments usually having responsibility for administration.

A—Agriculture
H—Health Dept.
W—Welfare Dept.
I—Industrial Commission or Labor Dept.
E—Education Dept.
CB—Commission for Blind
SB—School for the Blind
P—Police Dept.
F—Fire Dept.
L—License Board
MV—Motor Vehicle Dept.

ø Summary of legislation as of March, 1942.

øø Regulations of Health Departments having the status of law are included.

* Indicates that the law has only limited coverage, indefinite or otherwise unsatisfactory.

APPENDIX B

Provisions of Legislation Now in Force Concerning the Prevention of Blindness

A. 1–a. Any diseased condition of the eye or eyes of any infant in which there is inflammation, redness, swelling or any unnatural discharge at any time within two weeks after birth, shall . . . be deemed to be ophthalmia neonatorum.

It shall be the duty of any physician, midwife, nurse, parent or other person or persons assisting any woman in childbirth or assisting in the care of any infant to report within six hours after noting the same, any such case of ophthalmia neonatorum coming to his or her attention, to the local health officer of the city or town within which the mother of such infant shall have been at the time of confinement.

It shall be the duty of the local health officer to investigate each case of ophthalmia neonatorum and the health officer shall be required to report all such cases and their results to the state board of health.

A. 1–b. It is the duty of physicians to report immediately to the health officer of the county in which disease exists, every case of contagious or infectious disease known to him to exist. (Administrative orders usually include trachoma.)

A. 1–c. No application for assistance shall be approved until the applicant has been examined.

A. 1–d. It is hereby made the duty of the board of managers (of the schools for the blind) to have the eyes of every pupil who may be admitted into the school for the blind carefully examined by the physician and oculist of the said school, and if upon examination by such physician and oculist it shall appear that, by medical treatment or by surgical operation, the sight may be improved or restored, he shall, with consent of the board and the parents, institute such treatment and perform such operation as in his judgment may seem practicable and advisable.

A. 1–e. The medical examination necessary for the certification of handicapped children (includes partially seeing) shall be conducted by a physician and surgeon licensed to practice medicine and surgery by the state board of medical examiners. Any school district may employ its own plan for certification of handicapped children for special instruction subject to the approval of the superintendent of public instruction, provided it meets with the standard for medical examinations set forth above.

A. 1–f, g. A division of service for the blind is hereby created under the state welfare board, with an independent administrative board known as the council for the blind. Under the direction

of and with the approval of the state department of welfare, it shall plan, supervise, and carry out the following activities:

1. Shall inquire into the causes of blindness.
2. Shall cause to be compiled and maintained a complete register of the blind in the state, which shall describe the condition, cause of blindness, and capacity for education and industrial training, with such other facts as may seem to the council to be of value.

A. 2–a. Within thirty days after the date of the birth of any child born in this state with congenital deformities, the physician, midwife or person acting as midwife, shall prepare and file with the commission a statement setting forth such congenital deformity.

A. 2–b. It shall be the duty of every school nurse, school physician, school attendance officer, superintendent of schools, principal, teacher, to keep a permanent public health record of all physical defects and handicaps which might permanently cripple. It shall be the duty of the state commissioner of education to . . . report to . . . the children's bureau of the state . . . all diseases and defects that are of a continuous nature or that might result in permanent handicap to the child.

A. 2–c. Every employer shall hereafter keep a record of all injuries, fatal or otherwise, received by his employees in the course of their employment. On the eighth day after the occurrence of an accident resulting in personal injury, a report thereof shall be made in writing to the industrial accident board on blanks to be procured from the board for that purpose.

A. 2–d. The medical inspector, or the nurse under immediate direction of the medical inspector, shall examine every pupil to learn whether physical defects exist, and keep a record from year to year of his growth and development.

A. 2–e. The court may cause any person coming under its jurisdiction to be examined by a physician, psychiatrist, or psychologist, designated by the court, in order that the condition, special needs, and personality of such person may be given due consideration.

A. 2–f. The welfare board may, in its discretion, direct a medical examination of the petitioner (mother) and any of the children, or their father, and order payment to the physician for his services in making the examination.

(Since child welfare cases are usually under the jurisdiction of the children's court, a general grant of power to authorize physical examinations for all persons under the jurisdiction of the court—as in (e) above—would cover child welfare cases.)

A. 2–g. The person authorized and required to issue work permits or certificates shall not issue the same until he has received, examined, approved and filed the following papers duly executed:

> A statement of a physician connected officially with the board or department of health which statement shall certify that in the opinion of the physician issuing the statement, the young person is of the age herein stated, and is in sound health and physically able to perform the work which he intends to do.

B. 1–a. It shall be the duty of any physician, midwife or nurse who attends or assists at the birth of a child, to instill or have instilled in each eye of the new born baby, as soon as possible and not later than one hour after birth, a one per cent (1%) solution of silver nitrate or some other equally effective prophylactic for the prevention of ophthalmia neonatorum approved by the state department of public health.

B. 1–b. The state department of health shall furnish, free of cost, to a licensed physician or midwife, any prophylactic remedy which it deems best for the prevention of ophthalmia neonatorum, together with instructions which it considers necessary for the proper administration of the same.

B. 1–c. Inclusion of item in birth certificate as follows: What preventive for ophthalmia neonatorum was used?

B. 1–d. It shall be the duty of the local health officer to investigate each case of ophthalmia neonatorum and the health officer shall be required to report all such cases and their results to the state board of health.

B. 1–e. Upon receipt of such report (concerning inflammation of the eyes of an infant) the local board of health shall direct the parents or persons having charge of such infant to place the infant immediately under the care of a licensed physician, or under the care of physicians of the local municipal government of the locality over which the board has jurisdiction, if the parents are unable to pay for such services.

B. 2–a. It is the duty of physicians to report immediately to the health officer of the county in which disease exists every case of contagious or infectious disease known to him to exist.

B. 2–b. Upon receipt of report of the presence of contagious or infectious disease it shall be the duty of the city (state) superintendent of public health to issue an order of quarantine.

B. 2–c. Before any person who now is or may hereafter be authorized by law to issue marriage licenses shall issue any such license, each applicant therefor shall file with him a certificate from a qualified physician, which certificate shall state that the applicant has submitted to a Wassermann or Kahn or other similar standard laboratory test and that in the opinion of the physician the person either is not infected with syphilis or is not

in a stage of that disease which may become communicable. The certificate shall be accompanied by a statement from person in charge of the laboratory making the test setting forth the name of test, date made, name of physician, and person for whom test was made.

For purposes of this act a standard laboratory blood test shall be a test for syphilis approved by the commission of health, and shall be made in a laboratory approved by the commissioner of health.

B. 2–d. Every physician attending a pregnant woman shall take, or cause to be taken, a sample of blood of such woman at the time of the first examination, and submit such sample to an approved laboratory for a standard serological test for syphilis.

In reporting every birth or stillbirth, physicians and others permitted to attend pregnancy cases and required to report births and stillbirths shall state in the birth certificate whether a blood test for syphilis has been made during such pregnancy; if made, the date when made, and if not made, the reason why such test was not made.

B. 2–e. When a local board of health or health officer receives a report from a person authorized to make a report that a person within the jurisdiction of the local board is, or is suspected to be, suffering from or infected with a venereal disease, the board or health officer may cause a medical examination to be made for the purpose of ascertaining whether the person is in fact suffering from or infected with such disease.

A prostitute or other lewd person shall be considered a suspected person within the meaning of this act and may be required to submit for examination at any time.

B. 2–f. The samples of blood shall be submitted to an approved laboratory for a standard serological test for syphilis. Such laboratory tests as are required by this act may be made on request without charge by the state department of health.

B. 2–g. Any person suffering from a venereal disease in an infectious stage and who is unable to pay for treatment may apply for care and treatment to the local board of health having jurisdiction in the place he resides. If the board after investigation finds that the person is in fact unable to pay for treatment it shall be provided without cost.

The State Department of Health shall—

Provide facilities for free examination of specimens or blood samples for the diagnosis of gonorrheal infections or syphilis; provide at cost, vaccines or antitoxins for the treatment of venereal disease infections.

C. 1–a. It shall be unlawful for any person, firm, co-partnership or corporation to operate, or cause to be operated, any of the equipment or machinery mentioned in this section without it

being first properly equipped with proper safety devices and guards. (It then proceeds to list all grinding machinery and others resulting in flying particles.)

C. 2–a. As between the employer and his employees, it is the duty of the master to furnish suitable machinery, and see that it is kept in repair and he is bound to exercise reasonable care to prevent accidents.

C. 2–b. The commissioner of labor and deputy commissioner shall be factory inspectors and they shall provide for the appointment of deputy factory inspectors, two of whom shall be women. Said factory inspectors and their deputies are hereby empowered to visit and inspect at all reasonable hours, as often as practicable or required, the factories, workshops and other manufacturing establishments in this state. It shall be the duty of such inspectors to enforce all the provisions of this act and to prosecute all violations of the same before a magistrate or before a court of competent jurisdiction.

The commissioner of labor is hereby authorized and required to cause at least an annual inspection of all manufacturing establishments, factories, hotels, workshops, and stores.

C. 2–c. No person shall drive any motor vehicle manufactured on or after July 1, 1935, registered in this state unless such vehicle is equipped with approved safety glass wherever glass is used in doors, windows, and windshields. The term windshield shall be construed to include wings, deflectors, and side shields.

C. 2–d. Any person who shall offer for sale, expose for sale or sell at retail, give, furnish, use, explode, or cause to explode any fireworks (here follows a long list of articles defined as fireworks) shall be guilty of a misdemeanor; provided that the council or commission of any city, village, or township may upon application in writing grant a permit for a public display of fireworks by municipalities, fair associations, amusement parks, or other approved organizations, when handled by competent operator.

C. 2–e. Whoever sells or furnishes to a minor under the age of fifteen . . . any firearm or ammunition therefor, or whoever sells or furnishes to any minor fifteen years of age or over who does not possess and display a license . . . shall . . . be punished by a fine . . .

C. 2–f, g. It shall be unlawful for any person or persons licensed under the provisions of this act to sell or retail or furnish any of the poisons named in the schedules hereinafter set forth without offering or causing to be affixed to the container the word "poison" and the name of the article.

Unless sold on prescriptions of licensed physicians, the sale of poisons shall be recorded, stating date of sale, name and address of purchaser, name and quantity of the poison, and pur-

pose as represented by the purchaser, and the name of dispenser.

Wholesale dealers in drugs, medicines and pharmaceutical preparations of chemicals shall affix or cause to be affixed to every bottle, box, parcel and outer enclosure of an original package containing any of the articles enumerated in this Act, a suitable label or brand in red with the word "poison" upon it.

C. 2–h. Any dangerous caustic or corrosive substance (list of such substances is appended to the act, including acids, etc.) must bear a conspicuous, easily legible label or sticker containing the name of the article, the name and place of business of manufacturer, packer, seller, distributor, and the word "poison," and directions for treatment in case of personal injury.

D. a. Every . . . building used for school purposes . . . must be lighted in such a manner as to minimize the eye strain. . . .

D. b. All establishments shall be adequately lighted, heated and ventilated (general labor regulations) (for specific industries more definite regulations are presented). Standards are determined by administrative order.

D. c. Plans and specifications for every schoolhouse . . . must be submitted to the state superintendent of education and also to the parish health officer, that it may be determined whether every hygienic or necessary provision is made, especially with reference to . . . light.

D. d. All persons who wish to practice medicine, surgery, and midwifery in any of its branches in this state shall make application to the board of registration of medicine to be registered and for a certificate of registration. This registration and certificate shall be granted to such applicants as shall furnish satisfactory proofs for: (and here follows a list of conditions with which the applicant must comply).

D. e. Any persons who wish to practice optometry in this state shall make application to the board of examiners in optometry. Any applicant for registration shall be required to: (here follows an extensive list of qualifications).

D. f. It shall be unlawful for any person, except a registered optometrist, or physician specializing in treatment of the eyes, to have in his possession trial lenses, trial frames, graduated test cards, or other appliances or instruments for the purpose of rendering assistance to his patrons in the selection of lenses, spectacles, eyeglasses, or to sell precision lenses or replace broken lenses except upon prescription of a regularly licensed optometrist or physician.

(Some state laws regulating the practice of optometry nullify the general law by inclusion of the following provision: The provisions of this act do not apply to persons selling

spectacles or eyeglasses and who do not attempt either directly or indirectly to adapt them to the eye, and who do not practice or profess to practice optometry.)

D. g. The social welfare board may appoint an advisory committee of six ophthalmologists (some laws authorize a single supervising ophthalmologist) who shall serve in a consulting capacity. The members of the committee shall receive no compensation for their services but they shall be allowed their actual traveling expenses incurred in the discharge of their duty.

The committee shall make recommendations and give advice to the board on rules and regulations governing all questions of eligibility as to blindness under this chapter.

D. h. No application for blind assistance shall be approved until the applicant has been examined by a duly licensed ophthalmologist or licensed physician skilled in the diseases of the eye.

E. 1–a. If upon examination or re-examination it shall be found that the recipient or claimant for relief may have such disability benefited or removed by proper surgical operation or medical treatment, the state department may authorize the expenditure for such operation or treatment and expense incident thereto.

Mandatory laws existing in 10 states read:

No assistance under this chapter shall be granted or continued to any person who refuses medical, surgical, or other treatment when his eyesight may be partially or wholly restored by such treatment.

E. 1–b. On the basis of the findings of the ophthalmologist's examination as provided for above, remedial services may be provided by the state board to any person who is in need of treatment either to prevent blindness or to restore eyesight, whether or not he is a blind person as defined in this chapter, whether or not he is an applicant or recipient of old-age or blind assistance or whether or not he is eighteen years of age or over, if he is otherwise qualified for assistance under this chapter, provided such person is unable to assume such expenses for remedial services.

E. 1–c. The treatment or operation recommended shall be given at a hospital or clinic designated by the advisory committee, and necessary traveling expenses shall be allowed as part of the expenses of treatment.

E. 2–a. The state department shall establish and administer a program of service for children who are crippled or who are suffering from conditions which lead to crippling, which shall provide for developing, extending, and improving services for locating such children and for providing for medical, surgical, or corrective and other services and care, and facilities for diagnosis, hospitalization, and after care.

(In the absence of specific exclusion it is assumed that the above legislation would cover eye defects; some states, however, limit the application of the law to congenital cataracts so far as eye defects are concerned.)

E. 2–b. The employer shall be liable for reasonable medical and hospital services and medicines as and when needed subject to the approval of the compensation commissioner, not however, to exceed the regular charge made for such service in similar cases.

(The provisions for medical care vary widely from state to state, especially as to the amount of medical care to be furnished, the time during which it is to be available, and the total cost of such service.)

E. 2–c. If it shall appear that the person visited and aided is a poor person within meaning of this chapter (a person unable to support himself or those dependent upon him), the physician or nurse attending shall report the fact in writing to the county welfare board, which may grant such further medical, surgical or other relief to the poor person as circumstances may require or as may deem necessary.

In all cases wherein medical or surgical treatment is urgent a poor person may be removed and admitted to any public or private hospital in the municipality.

E. 2–d. Medical aid and services and hospitalization for persons unable to provide such necessities for themselves are hereby declared to be the legal and financial duty and responsibility of county commissioners, payable from the county poor fund. It shall be the duty of the board of county commissioners to make provisions for competent and skilled medical or surgical services as approved by the state board of health or the state medical association.

F. 2–a. The board of education of any school district may, upon the petition of parents or guardians of eight (8) or more resident children . . ., who, by reason of being blind or having defective vision (same for deaf, crippled, and epileptic), cannot profitably or safely be educated with other classes in the public schools of such district, establish and maintain within the limits of the district one or more day schools or classes for the education of such children.

F. 2–b. To reimburse said city or district for such expenditure the state treasurer is hereby authorized to pay to the treasurer of the proper school district, out of the general fund of the state, the actual expense incurred for teachers' salaries, for necessary school equipment and for special services in such schools and classes. (On the basis of the difference between normal instruction and the cost of special instruction.)

F. 2–c. The board of education of any school district that does not maintain a class for children named in this act may pay the

tuition and transportation of any such children to a district maintaining such schools or classes.

F. 2–d. The board of directors of any school district which has one or more handicapped children (including visually handicapped) with the approval of the superintendent of instruction, shall establish and organize suitable special class or instruction in regular classes or in the home and may provide special materials and equipment for special classes, special schools or home instruction.

F. 2–e. It shall be the duty of the division of rehabilitation to direct the rehabilitation of any persons disabled in industry or otherwise and their return to civil employment.

(The pattern of co-operation in the rehabilitation program in most states includes a rehabilitation bureau or commission, the department of education and the workmen's compensation division of the department of labor.)

F. 2–f. For disabilities partial in character the compensation shall be . . . for the loss of an eye, sixty-six and two-thirds per centum of the daily wages during 125 weeks. The loss of both eyes shall constitute total and permanent disability and shall be compensated for according to that schedule. . . In all cases involving a permanent partial loss of the use or function of . . . an eye the compensation shall bear such relation to the amounts named as the disabilities bear to those produced by the total loss of the member.

G. 1–a. b. The state board of social welfare shall initiate or co-operate with other agencies in developing programs for the prevention of blindness and restoration of eyesight.

CHAIRMAN LANSDALE: I am sure you will agree with me that the Society has lined up an excellent volunteer in Mr. McConnell. Anybody who can put material of this sort together ought to be kept in harness. Also, I am very much interested in the fact that, coming from a university, he has shown this practical interest in a subject of such importance. I am going to ask him later on in the panel, when we talk about voluntary efforts, whether he will suggest means of recruiting the interest of persons in the academic field in prevention of blindness programs. He must have some ideas on this because he is an example of how good a person can be recruited.

I think many of you have questions to ask Mr. McConnell, either growing out of his remarks or in reference to the tabulation of state legislation. We have a period now when we shall give you

a chance to cross-examine Mr. McConnell or to make any comments you wish.

Well, I will start off. I happen to do a little teaching myself, and one of the things that we find most difficult when our students want to find out about what goes on is to get legislative material in their hands conveniently. In fact, I think most of you have run up against the problem of trying to find out on short notice the provisions of the statutes in various states on any particular problem in the field of health, education, and welfare. Our state statutes are so voluminous that it is difficult to run down any material.

The other day one of the officials of the American Public Welfare Association told me that she was asked very suddenly to furnish a list of those states which, like California, have attempted to keep "Okies" out of their borders. You will recall there is a recent Supreme Court decision which nullified such provision, and which stated that a certain number of states had similar statutes to California. She said that for her to have put together a list of such statutes would have required probably two or three months' research, because those provisions in some states would be buried way back in the early poor law, and so on. May I say, parenthetically, fortunately the Toland Committee, in a recent report on this particular case, has given the excerpts from the statutes of the states governing this particular problem.

Now, Mr. McConnell has, it seems to me, made a grand start in this outline he has prepared. I should like to ask him when is it going to be available, because I see that this is labeled tentative and not for publication.

MR. MCCONNELL: The development of this study goes beyond the mere tabulation of state requirements on specific pieces of legislation. As most of you realize, laws may be merely the foundation for rather extensive government action, and the law itself, while on the statute books, may be absolutely meaningless because of some failure on the part of the legislature or the administration to actually put it to work. Furthermore, laws once passed are subject to interpretation by the courts which may change entirely the original meaning. Consequently, when you have a statute, you have only the beginning of what may eventually be the procedure in a given state. So, following the collection of statutes, there must

be some study made of the interpretation which these statutes have had at the hands of the courts, and of the practical way in which they are used by administrators in that particular state.

If the study is to have any real value, ultimately, I think those three phases will have to be dealt with. That may take some time yet. To speak on the question of where to get material for this sort of thing, the most important source of data such as this (if it has not been collected by some agency or foundation already) is in what is known as the consolidated and annotated laws of a given state, which you will find in most law libraries. These statutes have been boiled down and combined, usually into relatively few volumes, adequately indexed. If you know fairly well what you are looking for, you can trace through the index to indicate where the fact can be found in the statute itself.

Now, in order to find the type of law that Mr. Lansdale referred to on the "Okies," you would be able to trace that down in the state statutes in a reasonable amount of time by looking through the index on laws concerning settlement and the importation of indigents. While it would be work (I am not giving you a short cut to information, by any means), it can be done with reasonable ease merely by working through these annotated and consolidated laws.

QUESTION: What is the publication date of these annotations?

MR. MCCONNELL: Practically all of the statutes are kept up to date either by the agency which compiles them or by the use of the statutes for a particular year following the publication of the consolidated work. On a good law school library shelf you will find statutes up to the present time. That may mean anywhere from one to two years back, largely because of the slowness with which some states publish their material, but within a reasonable time I should think that you ought to be able to keep up to date on this work.

QUESTION: Will the summary of the legislation be available in published form, and will it be rechecked before publication?

ANSWER: Yes, the legislation will be rechecked by proper agencies familiar with the legislation in each state, and then published as part of the proceedings of this meeting.

QUESTION: Is general legal authorization relatively more valuable than specific mandatory provision?

MR. MCCONNELL: I think I can answer that, without any hesitation, in the affirmative. It has its danger, of course, because there is so great a power resting in the hands of the administrator both to abuse and misuse. I think that in this country we have grown up, however, from a period in which the legislature felt that unless it could make specific legislation on every particular issue, it wasn't doing its job and was opening the public generally to rather arbitrary and autocratic type of government. But we are changing our viewpoint. However, there are occasions, I must admit, when the only way to secure action is by specific legislation. But given capable and co-operative administrators, the general laws are more effective.

Patterns in Practice—A Panel Discussion

Leader: MR. LANSDALE

CHAIRMAN LANSDALE: We had some little difficulty in our group in deciding which of the various agencies represented here should come first and thought that we might as well start with health and start with Washington, D. C. So Dr. Rice will be the first one to make some comments.

DR. C. E. RICE (Consultant on Blindness, Bureau of Public Assistance, Social Security Board, Washington, D. C.): I was somewhat perturbed this morning with the emphasis on laws. I know laws are necessary and desirable, but we want to keep our perspective. You can have laws on the statute books for reporting of ophthalmia neonatorum; you can have laws on the statute books for requiring the proper treatment of people with, shall we say, syphilis, and so on; but we have to go back farther than that and we have to be sure that our medical practitioners and other people are on the firing line and ready to do what is necessary, and know how to do it.

I was in a state recently, not more than a month ago, where the county health officer had three counties. In one of his counties, not a single physician knew how to give intravenous salvarsan. The eye physician, who was some forty miles away from the county seat, the nearest eye physician, said that when he saw a case of

ophthalmia neonatorum it was already three weeks old, that he never saw them early. So we have got to think, I should say, first of education—education of the individual who may or may not become blind, and that is the citizen.

We have to think not only of the undergraduate education of the medical practitioner, but of postgraduate education in which many of the state medical societies and state health departments are interested. In my opinion, these are the two fundamental factors, and the laws probably come second, and not first.

Somebody asked a question about specific legislation this morning. Most of the laws under the Social Security Act, most of the state laws that were stimulated as a result of the Social Security Act, were of the non-specific type and under the legislation pertaining to blindness and aid for the blind. Very definitely that legislation is of the non-specific type which gives state departments of health and state boards of welfare, and so on, power to define blindness; and blindness is not usually defined in the state act. It gives the state departments and state boards power to set up standards—professional standards, even in the field of ophthalmology, at least as it pertains to administration of these acts for aid to the blind. All of those are the non-specific type.

Now, one of the things we hear from state health departments when we talk about prevention of blindness is this: "We are interested in a general program. We cannot be too much concerned with specializing." When I hear that, I think of the private agencies in the field that exist in the interest of a particular program, such as prevention of blindness or some other special field. The public health departments get swamped with problems pertaining to tuberculosis, hookworm, syphilis, and so on. They may forget about prevention of blindness *per se.*

However, the health departments are probably doing more in prevention of blindness in the venereal disease programs and in the emphasis that has been put on reporting and treating ophthalmia neonatorum. I should say, in these two fields, health departments are probably doing more than anyone else, that is, other than the medical profession itself, because, after all, most of the prevention that is done will be done by the medical profession.

Of course, the citizen himself should be sufficiently informed to

go to a doctor, and not to do certain things. The individual and the doctor are the two who will prevent the blindness. The rest of us are simply aiding and abetting in this fight.

I should like to mention the subject of compulsory operations in the field of welfare. We find, where medical advisory committees are in this field, that sometimes they have a tendency to want to compel operations. "You must have an operation or you do not get assistance." That is a practice that is disappearing in the welfare field. I do not know of but two or three states where that is the tendency at the present time. It is something we are trying to get away from.

CHAIRMAN LANSDALE: We shall hear now from our second representative from the field of public health, Dr. Battenfield!

DR. JOHN Y. BATTENFIELD (Director of Epidemiology, Oklahoma State Board of Health, Oklahoma City, Okla.): Mr. McConnell's paper was extremely interesting to me, since Oklahoma's trachoma control program has been recently launched, largely through the stimulation provided by the National Society for the Prevention of Blindness.

To give you some idea of what it is about, briefly, we started with trachoma control as the nucleus, hoping that it might enlarge into a prevention of blindness program at a later date. As you know, probably, trachoma is an endemic disease in Oklahoma, and quite prevalent. At the present time the program consists of a unit of doctors, nurses, medical social workers, clerks, and so forth, which goes from county to county, trying to eliminate trachoma from each county. Of course, this is somewhat of an ideal but since the advent of the sulfonamides, we feel that we have some opportunity to attain it.

I should like to give you just a few figures on six clinics which were held in four Oklahoma counties. Of 1,083 patients examined, 170 were found to have trachoma. Of those having trachoma, 58 had other eye diseases also. Of the total number examined, 117 had other eye diseases alone; and 796 had no eye pathology. Now, that gives us an incidence of trachoma of 15.7 per cent in those examined. Of course, this is a selected group.

The clinics were advertised as eye clinics, and the patients reported to them because they thought they had some eye disease

or because they wanted an examination. I might say to the statisticians here that although this is a very small sample, I think it is representative because I happen to know that this particular percentage of positive trachoma cases agrees with figures available from other clinics that have been held.

At the present time, legal authorizations are adequate for our very modest program, but two very real and very pressing problems have been encountered from the beginning. The first of these has been the difficulty of obtaining adequately trained personnel, particularly in ophthalmology; the second, the limited amount of funds available.

After interviewing practically every well-trained, and many not so well-trained, ophthalmologists in the State of Oklahoma, I have come to the conclusion that it is going to be much easier to obtain the additional funds than it is to obtain properly trained personnel. I think the reason for this lies in the fact that most health departments neither pay a very high salary nor do they offer a young physician an opportunity to do original investigation. I know of no particular reason why the latter situation should exist except that it seems customary to exclude research from many health department programs as a dangerous toy, for medical centers only. Research problems in medicine are increasingly tending toward large numbers of cases, such as may be found in a state program, in order to eliminate chance variation.

I thoroughly agree with Mr. McConnell when he says it is time that the improved techniques of research and education be put to more efficient use through co-ordinated governmental activity.

CHAIRMAN LANSDALE: We are going to hear now from our representatives of the welfare field, and since Miss McCoy represents a state which has been at this job for a long time and has, I believe, one of the largest staffs and state departments in the country working in this field, we shall ask her to lead off.

RUTH B. MCCOY (Director, Prevention of Blindness Service, Bureau of Services for the Blind, New York State Department of Social Welfare, New York, N. Y.): You may be interested to know first how the Prevention of Blindness Service of the Commission for the Blind is set up. In the laws creating the New York State Commission for the Blind, the Commission is specifically mandated "to

continue to make inquiries concerning the cause of blindness, to learn what proportion of these cases are preventable and to inaugurate and co-operate in any such preventive measures for the State of New York as may seem wise." The Commission is further supported in its prevention program by laws and regulations of other state departments, such as social welfare, health, education and labor. Regulations governing communicable disease, medical care, and other health controls, all contribute to the saving of sight.

In general, our prevention efforts have a threefold interest: (1) educational program for the prevention of blindness; (2) medical social case work with individuals; and (3) classification of eye reports, including diagnostic nomenclature for research.

The educational program is varied in an effort to meet the needs of health, social, and teaching groups in each community. This is supplemented by distribution of publications in all phases of prevention of blindness.

Eye medical case work is a function of this Service, where medical and social problems involved must be adjusted in order to bring about satisfactory care and treatment.

Classification of eye cases, based on medical findings, has become an official responsibility since the advent of Public Assistance. Eye cases are now being classified uniformly throughout the State through the centralization of this Service. This Service also maintains a nomenclature of eye diseases by which each diagnosis is coded for study and research.

CHAIRMAN LANSDALE: Mr. Hayes from Kansas will speak next. May I say that Mr. Hayes is on the program at eleven o'clock tomorrow morning, and he has been asked not to steal the thunder from his remarks of tomorrow, but rather give you a little bit so you will want to come to hear him then.

MR. HARRY E. HAYES (Supervisor, Services for the Blind, Kansas State Department of Social Welfare, Topeka, Kans.): The original Kansas social welfare act passed in 1937 gave the State Board of Social Welfare the authority to set up a program, or to co-operate with other agencies in a program, for the restoration of sight, prevention of blindness and rehabilitation. The 1939 and 1941 legislatures appropriated $75,000 to be spent yearly for these three purposes. The program is set up as growing out of the aid to the

blind program. That is, the eye examination in connection with the application for aid to the blind is the point where cases are found. The restoration of sight program provides medical care—for recipients of aid to the blind who have eye conditions which need treating.

We also have what is called a prevention of blindness program very similar to the restoration of sight program, but which is available to people who are not eligible for aid to the blind. If the applicants are found to have too much vision to be eligible for aid to the blind, but still have eye conditions which need treating, the treatment can be extended under the prevention of blindness program.

I might give you a few figures on what has been accomplished since these programs have started. We have examined 4,203 different individuals. In addition to that, 419 re-examinations have been done. Treatment has been completed under the restoration of sight program on 528 cases and there were 139 cases under treatment in addition to these on November 1, 1941. Of the 528 cases in which treatment was completed, 325 restorations were obtained. The restorations were in various degrees, but in all instances they were sufficient to remove the person from the aid to the blind category.

Under the prevention of blindness program which provides medical care for persons with eye conditions which might result in blindness, 320 cases were completed and 114 were under treatment on November 1, when these figures were compiled.

We attempt supplementary activities to increase the effectiveness of the medical program and to promote prevention of blindness in other fields, such as conducting educational programs for county social workers, nurses, teachers, etc. We have a small state staff in connection with these two programs and it is just impossible to do an adequate follow-up social service job with the staff alone. So the alternative is to stimulate and encourage the county department of social welfare to do the job.

We have also attempted to co-ordinate prevention of blindness activities of other state departments, as was mentioned here this morning. An interdepartmental committee has been organized, which is composed of representatives of the departments of public

instruction, health, child hygiene, labor, and welfare. General education for the prevention of blindness is fostered through the distribution of literature, use of radio time, and the presenting of programs to special groups.

A co-operative working relationship is maintained with the Crippled Children's Commission, which also functions in the eye field as far as congenital cataracts are concerned.

DR. BATTENFIELD: Under the Kansas program, is the operative procedure to be done by any physician?

MR. HAYES: No, the operation must be done by an approved ophthalmologist. We have about 100 men in Kansas who confine their practice to the eye, or the eye, ear, nose and throat, and who are duly licensed in the state. They are approved for the acceptance of treatment cases. Incidentally, the patient has completely free choice of approved physician.

CHAIRMAN LANSDALE: New Hampshire is one of our smaller states which has certainly moved forward in welfare in the last seven or eight years. Miss Sexton will tell us specifically of what they are doing in the field of prevention of blindness.

MISS LOUISE G. SEXTON (Consultant, Sight Conservation Program, New Hampshire Department of Public Welfare, Concord, N. H.): The State Department of Public Welfare administers the public assistance programs and services to children, the blind services, sanatorium aid to the tubercular, veterans' services and aid to those in need of service or assistance because of eye deficiencies.

This program is carried out through seven district offices, through which referrals for service in eye cases are routed to the consultant on sight conservation, who works out of the central office of the department, on a state-wide basis.

In carrying out a prevention of blindness program, the department has the assistance of a medical advisory committee on eye conditions, the members of which are selected by the Department and their appointment confirmed by the state medical society.

The sight conservation consultant in the New Hampshire set-up is responsible for the following:

1. Determining eligibility of and giving assistance to those who apply to the Department of Public Welfare for eye care and who are not receiving any type of public assistance. The de-

partment has a small fund to pay for those who are unable to finance their own care.

2. To advise individual staff workers on the treatment and follow-up of an individual case. This may apply to any one of the following programs: (a) Child Welfare Services (in this service program aid needed by family is financed by the direct relief officials of the family's place of legal settlement or liability); (b) Aid to Dependent Children; (c) Old Age Assistance; and (d) Aid to Needy Blind.

   The treatment of the last three can be taken care of by an increase in their grants.

3. All those eye cases referred to the consultant and receiving direct relief. In such instances the relief officials pay for the eye care.

4. The Welfare Department maintains a register of the 695 known blind in the state, which makes it possible for the consultant to do research in the causes of blindness as all Physician's Report on Eye Examination (Form PA–701) blanks are sent to her.

5. Consultant maintains an accumulative analysis of causes of sight deficiency.

6. Since the consultant is responsible for stimulating and effectuating a sight conservation program, much of its emphasis must necessarily be of an educational nature. Consequently, the educational program today has consisted of planned talks and discussions with the following: public health nurses; staffs of the department's district offices; groups of teachers; Parent Teachers Associations; and civic and service clubs.

Literature and posters on eye care are distributed through these various groups or directly to individuals who request them. The consultant speaks at every opportunity. In fact, opportunities to spread knowledge of sight-saving practices are sought constantly. In addition to this, consultation is given on an individual eye case so that the public health nurse, the private agency social worker, the family of the patient or patient, or anyone can receive consultation on the eye condition, on factors which may affect the progress of the disease, and on facilities for medical care.

This has been particularly true of cases brought to the consultant's attention by the preschool and public school nurses and social workers on the Department's staff. Both groups realize very keenly

the need of knowing and doing something about preventing blindness and, therefore, are aware of the need of watching out for cases regardless of the reason for contacting the individual.

In 1938, following a department reorganization made necessary by statutory changes, a policy of placing much emphasis on prevention of blindness was adopted. A first step was the formation of an interdepartmental council, composed of the Boards of Education, Health and Welfare. Health and Education were requested to unite forces with the Welfare Department on a common objective because of a full realization that any progressive attack on the problem of preventing blindness must come through the development of an educational program, a program of education beginning with the doctors, the school and public health nurses.

Doctors are made aware of the problems of the blind in the state through the study of classification of causes of blindness which is based not on the Aid-to-Needy-Blind case load only, but on the register of all known blind in the state, which includes about twice as many as those who are recipients of Aid-to-Needy-Blind.

The findings of this classification offer excellent material for building part of the program of prevention through the Medical Advisory Committee on Eye Conditions and the New Hampshire Medical Society.

The Interdepartmental Council sponsored an Eye Institute, led by the nursing member of the staff of the National Society for the Prevention of Blindness, for the school and public health nurses in the state. This proved to be a very effective way of giving the nurses not only more interest, but also more information concerning the eye. To the school nurses it brought more adequate information in regard to the eye screening in the schools. The importance of the screening done by teachers was emphasized. In one school district a superintendent of schools is willing to carry out this suggestion.

Out of the Interdepartmental Council has grown an increasing knowledge on the part of each state department of the programs and facilities of the other two. There is closer co-ordination in the work of the three, and a feeling of mutual support in their efforts to combat eye defects. A larger number of cases are reached and helped which might otherwise go unnoticed. The Council does not

feel it has exhausted possibilities of their respective programs or of joint endeavors but has a firm foundation on which to build better and more far-reaching practices. The State Department of Public Welfare itself feels that this is true of its own program and that an educational program cannot be overemphasized.

CHAIRMAN LANSDALE: Mrs. Wanamaker represents the field of education, though she insists she is doing a welfare job. In this part of the country we like to look rather jealously at the program which has developed in the state of Washington on all fronts during the last seven or eight years. I think we are very fortunate that Mrs. Wanamaker has come all this distance to tell us a bit about what they are doing out there.

MRS. PEARL WANAMAKER (Superintendent of Public Instruction, State Department of Education, Olympia, Wash.): I want to discuss briefly the program of the State Department of Education. Of course, we don't do it all by ourselves, in the Department of Public Instruction. It is a co-operative affair. The first thing that we need to do is to locate the children needing special eye care. The co-operation of the school public health nurses and the county welfare departments having the referrals direct from the school to eye physicians is utilized in locating these children. We have a school nurse reporting form for that.

Then, in addition, we have the consultation service, which includes the school personnel, the public health nurses, eye physicians, and occasionally parents, who meet with nurses and with the school, and groups such as the Lions Club and other service clubs.

Educational programs were also developed in the teacher colleges in the belief that by this means teachers can become aware of the need for prevention of blindness and for sight saving. We have a course in eye health in the undergraduate teacher training curriculum. In addition, we have resources and procedures for visually handicapped children, with a follow-up of the vision testing programs and provision for special education in sight-saving classes and in the State School for the Blind. We feel that the sight-saving classes, of course, are going to give teachers an awareness of the whole problem and are going to make them better able to help us detect those who need special assistance.

Then, we plan to present the general subject of sight saving, prevention of blindness, eye care, and the common causes of blindness to school personnel, students, and local organizations, through talks provided by the eye physicians' speakers bureau. The colored film developed by our Division for the Blind stresses prevention, and vocational and rehabilitation problems of the handicapped. This has aroused a great deal of interest.

At the last session of the legislature we had a law passed which is specific, not general. Most of our laws have been rather general. But this was a specific one, giving the state superintendent of public instruction the responsibility of providing sight-saving materials and equipment for children in the rural areas. In some of the larger centers we have regular sight-saving classes and have had them for several years; but in the rural areas, where we may have just one student in a class who may need that material, this law gives the state superintendent of public instruction the right to purchase equipment that becomes the property of the state and is subject, therefore, to moving from one school to another. In that way we can have this rather extensive equipment available for those in many areas.

CHAIRMAN LANSDALE: We are going to move to the field of labor and industry and ask Mr. Williams to speak first.

PHILIP WILLIAMS (New York State Chairman, National Committee for the Conservation of Manpower in Defense Industries, Buffalo, N. Y.): We of the National Committee for the Conservation of Manpower in Defense Industries are very much interested in the prevention of eye injuries. We are meeting with some very interesting experiences in our surveys of industrial plants in New York State. Our organization in this state consists of 28 special agents, all of whom have been appointed by the Federal Government on a dollar a year basis. Their job is to assist those plants engaged in turning out defense materials in the prevention of disabling injuries. These men are all specialists in accident prevention, and their part-time services are being donated by the industries for whom they are actively employed. In their surveys of industrial plants they point out to management hazards that come to their attention that are likely to cause injuries of any kind. They are particularly interested in the elimination of those hazards that are responsible for eye injuries.

Our work with the defense industries in New York State has been well received and has proved very interesting. One plant that had been experiencing as many as 500 to 600 eye injuries per year has reduced that number to the low frequency of 18 to 20 per year. This was accomplished through the removal of hazards and the wearing of goggles. It was further determined that the 18 or 20 eye injuries that did occur were all quite minor in nature. Other very large industrial plants, principally mechanical in nature, have been found to be experiencing as many as 500 eye injuries per month, many of them very serious. The work of the special agents in such plants is definitely showing results. Aside from the human factor involved, the direct cost of the loss of an eye of a skilled mechanic in New York State is about $5,000, and where there are so many injuries occurring in a plant, the possibility of a total loss of vision, meaning total permanent disability, is not too remote. On such a basis it is usually not difficult to sell management on a program to prevent eye injuries. In addition to pointing out the human factor involved in these serious injuries, we point out the seriousness of the loss of services of skilled mechanics at a time when they are so urgently needed. It is our duty to bring to the attention of management that at least 98 per cent of all eye injuries are preventable; that injuries are wasteful; and that there are ways and means of eliminating this waste.

We usually find that many of the hazards which cause eye injuries can be removed at their source. If this is not possible, the next thing to do is to provide the worker with eye protection. My personal opinion is that all industrial workers should be required to wear goggles, because you never know where or how the next eye injury is going to occur. There have been many instances in industrial plants where goggles have proved to be worth their weight in gold—such instances as splashing of corrosive materials into the face where the wearing of well-fitted goggles was the means of preventing any of the liquid from entering the eyes, thereby preventing blindness. Many such instances are on record, proving the worth as well as the necessity of good eye protection.

There is something more to the eye protection program, however, than just providing employees with goggles. Such protective equipment must be properly fitted by a competent fitter and peri-

odically checked to be certain they are in good condition and a comfortable fitting is maintained. An employee will remove a pair of goggles from his eyes every chance he gets if they fit him so poorly that they hurt him. Nine times out of ten, when you hear a workman condemning the goggles he has to wear, it is because a proper maintenance and fitting program has not been set up, and not because of a prejudiced feeling on the part of the employee. However, the employee does have a very definite responsibility in the eye protection program. He must keep his goggles clean. Goggle cleaning stations located in the shop make it easy for him to do this. He must report any defect or uncomfortable feeling about his goggles to his foreman, who will refer him to the goggle repair man. He must remember that this equipment is given to him for the protection of two of the most important members of his body, and that in order for them to give the maximum of protection they must be worn and kept in first-class condition.

In closing, I would like to say that we of the National Committee for the Conservation of Manpower in Defense Industries will be glad to do what we can in New York State to assist the National Society for the Prevention of Blindness in its most important work.

CHAIRMAN LANSDALE: Thank you, Mr. Williams. We are glad now to have an opportunity of hearing from Mr. Cameron, of Washington.

MR. W. T. CAMERON (Chief Safety Adviser, Division of Labor Standards, U. S. Department of Labor, Washington, D. C.): The contribution which industrial management and industrial safety engineers can make toward the reduction of blindness in this country is not comparable with that to be made by the social and welfare agencies and the medical profession. Industrial accidents are responsible for 8 out of every 100 cases of blindness in both eyes, and for 19 out of every 100 cases of blindness in one eye. So, you see, your job is much more important than ours from the viewpoint of volume. Nevertheless the job of industry in reducing the number of eye injuries is a vitally important one.

First of all, there is no reason why industrial eye injuries cannot be eliminated with greater ease than loss of or damage to eyesight due to non-occupational causes. Industry can establish and maintain control of conditions which produce eye injuries much more

easily and much more effectively than you can control non-occupational conditions.

In the second place the problem of eye injuries in industry is much more important than is indicated by a mere tabulation of numbers of cases. I have already mentioned the percentages of blindness attributable to industrial accidents. The comparison of the number of industrial injuries involving the eyes is even less impressive—7 out of every 100.

But there are other factors which make the problem very serious. In the first place eye injuries are more costly than the average injury, more costly in compensation and medical expense, more costly in the loss of time involved. And time is one thing we cannot afford to lose in this emergency. Then, the type of worker most likely to suffer an eye injury is exactly the type we can least afford to lose at this period in our nation's history. An analysis of eye injuries occurring in Minnesota and Illinois during a recent year revealed that a majority of these injuries occurred in metal and metal products manufacturing.

Legislative and enforcement activities of various governmental units have not played much of a part in the work of reducing eye injuries in industry. Voluntary efforts of industry, stimulated by such groups as your own Society, the National Safety Council, state and local safety councils and similar groups, have accounted for most of the gains that have been made.

The major contribution which the states have made has been the enactment of workmen's compensation laws. Such laws make injuries expensive to management; they make safety a profitable activity and stimulate management interest in the work of preventing accidents.

Only 22 of the 48 states have basic safety and health laws, and only 18 of these states have power to set forth specific and detailed standards amplifying the general term "safe and healthful conditions." Most of these 18 states have no specific requirements on eye protection. A number of states are using the American Standards Association head and eye protection code as an advisory standard, but not as a regulatory standard. Some states include provisions on eye protection in certain of their industry codes, notably the foundry code. A foundry code generally includes an item on eye protection.

The whole subject of eye protection in its relation to national defense is going to be discussed at some length at two-thirty tomorrow afternoon. You will get more detail at that session.

CHAIRMAN LANSDALE: Now we are going to hear from the two people who speak primarily from the standpoint of voluntary agencies. Miss Carpenter is going to talk from the standpoint of the State of Pennsylvania and the State Council.

MISS EVELYN M. CARPENTER (Director, Philadelphia Committee for the Prevention of Blindness, Inc., Philadelphia, Pa.): Authorization for prevention of blindness work in Pennsylvania came about by legislative action in 1925 but the program was not initiated until late in 1929. At that time very little information on the causes of blindness was available—but enough to convince us that we had a lot of fence to whitewash and that we needed all the help we could assemble to do it. Beyond the fact that our budget was limited, we believed that the use of service contributions other agencies might make would speed awareness to the need for, and the possibility of, establishing measures for the control of blindness.

To that end we sought out services which might be developed through the four state departments: health; welfare; public instruction; and labor and industry. The Department of Health proved to be a fertile field in which to work and, in turn, bore fruitful services through the bureaus of public health nursing, venereal disease, school medical inspection, and maternal and child health.

The Department of Welfare, which houses the Council for the Blind, provided fewer avenues through which prevention of blindness might be projected. But the Bureau of Mental Health and the Division for Institutions were able to make certain prevention of blindness measures an integral part of their program. The Department of Public Instruction co-operated actively through its bureaus of buildings, school nursing, and the division of special education.

The Department of Labor and Industry made a great and permanent contribution to the control of blindness from industrial accidents. Through the bureaus of rehabilitation and compensation all perforating injuries to eyes were reported to the Council for the Blind for investigation and follow-up, to secure adequate medical

care and surgery if it became necessary to prevent involvement of the good eye. This action was gratifying since the records, limited though they were, showed considerable loss of all sight from sympathetic inflammation.

The Council for the Blind interpreted its objectives to private, public health, and social welfare agencies and, through them, found further service contributions which were put to work on prevention of blindness—then, in Pennsylvania, a new ramification of a public health program.

Twelve years ago $10,000 was earmarked for prevention of blindness. It included personnel, travel, and equipment. Soon double that amount was working by way of the integrated services I have mentioned.

After four years of demonstration with private agencies the Pennsylvania Association for the Blind, an agency financed by public funds and voluntary contributions, and having branches in all populous areas in the state, entered the field. A new department for prevention was created in the Pittsburgh branch, and a qualified person was employed to develop it. Since then, that Association has established several similar departments which function effectively.

Six years ago the first independent prevention of blindness agency in Pennsylvania was organized in Philadelphia. It was an offshoot of the State Council for the Blind and complemented that public service through its local, non-political set-up. Likewise, the Council complements the Philadelphia Committee for Prevention of Blindness through its state-wide position and relationship to the state legislature.

This co-operation worked well for Pennsylvania at a time when the prohibitory fireworks bill and the "babies' sore eyes" bill were in the process of becoming laws. In our ignorance we believed "administration measures" always came to enactment, but learned, to our dismay, that we were wrong. When we reversed the operation, and the Philadelphia Committee for Prevention of Blindness sponsored bills and assembled state forces for their support and the Council rendered close range assistance, they passed.

The 1941 session of the state legislature granted an appropriation to the Council for the Blind of $60,000 to provide medical care and other services to prevent blindness. For the biennium $125,000

had been sought, but we were gratified to know that the general assembly had, at last, recognized prevention work and was willing to appropriate a specific sum to carry it on.

So from a beginning of $10,000 taken from the appropriation to the Council for the Blind, Pennsylvania's public and private agencies are now spending annually better than $80,000 to keep its people seeing.

Measured in terms of public awareness, public opinion, public effort, and skilled services, plus the falling off of certain causes of blindness among new applicants to schools for the blind and for blind assistance, perhaps we are justified in feeling a little bit cocky.

CHAIRMAN LANSDALE: Miss Hayden, as you all know, represents a state voluntary agency.

MISS AUDREY M. HAYDEN (Executive Secretary, Illinois Society for the Prevention of Blindness, Chicago, Ill.): I expect you are all hoarse from listening. I feel sorry for you, but, like Al Jolson, I would like to rise and make a few remarks in defense of my own client, which is a small private organization devoting all of its time to preventing blindness on a state-wide level.

I think that there are several advantages to this sort of a set-up and probably you don't have to have them pointed out to you. One is the power of concentration. You all know that you can start a mighty fine fire by putting a powerful glass on top of a piece of paper and letting the sun's rays converge on that one spot, and that is what an agency devoting all of its efforts to prevention of blindness can do in a state. I am as sure of that as that the sun shines.

Another thing is that it can correlate efforts. The weak spots in a prevention of blindness program that drop between the departments can be filled in by a private agency. I don't know how it is in other states—all I know is what I read in the papers; but every time a political change happens in Illinois, we are in a perfect "tizzy" for six months afterward, and if the Illinois Society for the Prevention of Blindness weren't around to build up the fences, I don't know what would happen to prevention of blindness in our state. Over and over and over again in the last 14 years I have seen everything shiver and shake at the end of a political change—and that is where a private agency comes in. I thought for a while

this morning that I had come to the wrong funeral, because there was so little representation of private agencies here.

Since we are limited for time, I am going to take up some of the things we have done in co-operation with the various departments, and I hope you will forgive me if I read them.

I. Co-operative Work with the Department of Health.—Although we put the ophthalmia bill through the legislature, we have worked on the enforcement of that law with the Department of Health. Immediately after the passage of the law we started checking the birth records and taking off the deviations that show on the prophylactic line.

Now, in 1938, of 117,000 births, there were 1,840 birth records that had no fill-in on the prophylactic line; in 1939 there were 1,500; last year there were 824. How do you suppose that happened? That happened because of co-operation between a private agency and a public one. We did the checking and handed our results on to the Board of Health, and, believe me, they took action. Consequently, there is an improvement right straight along on the enforcement of the law.

In 1938 there were 917 records that showed the use of an unapproved prophylactic; in 1939 there were 580; last year there were 280. That decrease is not accidental, you know.

In 1938 there were 1,044 birth records that showed insufficient information. They were too vague. The next year there were 545; last year there were 179. This enforcement of the law is reflected in the dropping ophthalmia rates in our state.

Co-operating with us, the State Board of Health has adopted permanently the National Society's form on ophthalmia, and we get duplicate copies on that. They also have given standing orders on ophthalmia. Dr. Cross told me last week that he sent a standing order out to the southern part of the state and told district health officers to go to their county medical meetings and ask why they had *four* cases of ophthalmia in the southern 17 counties of the state last year.

They have a little pamphlet called "Thank You for My Eyes," written by us and printed by them, which is sent to every man who delivers babies in the state, and which tells how to prevent ophthalmia and the proper way to fill in the prophylaxis line on birth certificates.

We are now working on having something done through the State Board of Health to include on the birth record the result of the Wassermann test. Right this minute the State Board of Health is doing what we formerly did, that is, hospitalizing downstate babies; and the last order that went out to district health officers shows exactly what to do in every case so that the babies will get to Cook County Hospital.

II. Work with the Department of Public Welfare.—On sight-saving classes we work jointly with the Department of Public Welfare and the Department of Public Instruction. It isn't easy sometimes to work with two departments on the enforcement of the law, but the fact remains that we have not had to change the sight-saving law, and whereas there were only 16 sight-saving classes in Illinois in 1930, there are now 91, scattered over Chicago and 35 towns down state.

The appropriations which we take care of at the request of those two departments have risen from $26,000 in 1929 to $389,000 last year. Now, that is money that does not come to us, but the state departments would prefer to have us ask for it, because they say the legislature trusts a private agency, knowing they are not going to get anything out of it. We can walk in and ask for more money than they could and we always get it.

Speaking of the bad things that can happen in a political change, there was a wonderful trachoma survey made back in 1920, right at the end of Governor Lowden's administration. All the findings were handed over. Nothing was ever done about them. So, in 1930, we went after it again. We made the same demonstration, and in 1934 we cajoled Governor Horner into giving us $5,000, and we did that as a private agency. He gave it to us from the fund for the control of communicable diseases, and we matched it with a like amount from our budget. All that trachoma work was started as a demonstration by the Illinois Society, but soon we had the Department of Welfare in. We legislated a bill through that the Department of Welfare refused to sponsor because they said it would endanger their own appropriation.

We got a $45,000 appropriation in 1935 for prevention of blindness through the control of trachoma in southern Illinois. Then we went to the WPA and asked them to put in bus runs that would

make treatment available to people over the 900 square miles of the trachoma belt. They said they could do it only for a little while. We said, "All right, do it a little while, then we will get the Department of Welfare to put it in their budget the next time."

It meant changing the budget from $45,000 to $86,000, and that takes lots of nerve, but we have it, because a private agency can afford to have a lot of nerve—just an awful lot of nerve. There is no law against it. There sometimes is a law against official agencies having too much nerve.

So it seems to me that a private agency can do many things that a public agency, by its very nature, can't do without laying itself open to criticism. It seems to me the role of the private agency is to fill in the chinks; to see that the program doesn't suffer on any one front; do the things in the prevention of blindness field that can't be taken care of in any state department; always to see that state departments do their duty; to see always that they give a break to prevention of blindness, because, as some other speaker on this program has said, they have a million other things to be worried about besides prevention, and somebody has to be around making recommendations. (Of course, this agency may be as popular as a skunk at a lawn party, but who cares about popularity if blindness is prevented?)

CHAIRMAN LANSDALE: I have been instructed to close this meeting promptly because of the sessions which follow. I would just like to say one word along the line of Miss Hayden's remarks, because I happen to be a person who has spent more of his employed time on governmental payrolls than on those of private agencies. I happen to be engaged on a job at the present time in a private agency, and the reason I was attracted to that job was because of the concept which that agency had evolved. I may say that concept was evolved by a layman who is the president of the organization and not by the professional staff.

I was at a meeting the other day with a group of public officials who were complaining that many voluntary agencies today were tending to lean on the public agencies rather than to lead. I think our voluntary agencies today must reappraise what they are doing against the advances in the program which have been represented by these speakers this morning from the public field. I should like

to give you a little formula which the Community Service Society worked out as a basis for its program for the years ahead.

The Community Service Society goes back to 1843, when the Association for Improving the Condition of the Poor, one of its predecessor agencies, was founded. The program is threefold as the Society faces the future, made up of service, training, and research. The service program is to be broad, is to include fields that need to be covered, and is to be reappraised and re-examined periodically. It is to emphasize demonstrations or "filling up the chinks," as Miss Hayden says. Second is training, that is, training of workers to carry out the programs both of private organizations and of public agencies. The training program is represented by the New York School of Social Work. Finally, there is research, which is the particular job I am responsible for at the present time. As we look back in history—and we have gone back first to see what the precepts of the organization have been—research is nothing new. Back in the early part of the century we used to call it "improvement of social conditions." The society as a voluntary agency has a responsibility to re-examine its own program, to study governmental programs. Sometimes the governmental agencies themselves do not have the funds to make studies and sometimes, when circumstances suggest it, some independent agency needs to make an inquiry.

Now that threefold program, I want to repeat, was the conception of a layman, a young man, Mr. Barklie Henry, who got it from his experience as President of the New York Hospital and carried it over to a social agency. I think it makes a forward-looking formula with which a voluntary agency can face the newer conditions of today. I shall repeat it: service, training, and research.